PTO/SB/17 (09-11) Approved for use through 01/31/2014. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number A TRADEMAR Complete if Known 10/581,268-Conf. #3139 Application Number FEE TRANSMITTAL April 9, 2007 Filing Date Don Eadie First Named Inventor S. M. Aung **Examiner Name** 3657 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 042530A TOTAL AMOUNT OF PAYMENT 150.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) None Credit Card Money Order Other (please identify): Check Deposit Account Name: Westerman, Hattori, Daniels & Adrian, LLP x Deposit Account Deposit Account Number:_ 50-2866 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 250 125 190 620 310 Utility 380 160 80 120 60 Design 250 125 200 100 Plant 250 125 380 190 380 190 620 310 750 375 Reissue 250 125 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 60 30 Each independent claim over 3 (including Reissues) 250 125 225 Multiple dependent claims 450

Total Claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) 0 - or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee Paid (\$) Extra Claims Fee (\$) - or HP = 0 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets - 100 = /50 = (round up to a whole number) x Fees Paid (\$) Non-English Specification \$130 fee (no small entity discount) 125/ Extension for response within first month 150.00 Other (e.g., late filing sh

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